DOCUMENT RESUME

ED 077 371 HE 004 168

TITLE	Facts About: College Mental Health.
INSTITUTION	National Inst. of Mental Health, Rockville, Md.
PUB DATE	72
NOTE	14p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock No. 1724-0257; $0.15; $10 per 100)
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*College Students; *Counseling Centers; Counseling Effectiveness; *Higher Education; *Mental Health; *Mental Health Programs; Mental Illness; Student Needs

ABSTRACT

Facts about college mental health are presented in response to frequently asked questions. Areas of concern include common conditions interfering with student effectiveness, why students seek help and where they can get it, the frequency of severe mental illness in college students, the suicide problem, the limitations of nonprofessional help, the concept of dependency and counseling, methods of counseling used in a college setting, the relationship of violence to mental illness, availability of mental health services, the role of the college psychiatrist, and the ratio of mental health services on college campuses. A 9-item bibliography is included. (MJM)

FILMED FROM BEST AVAILABLE COPY

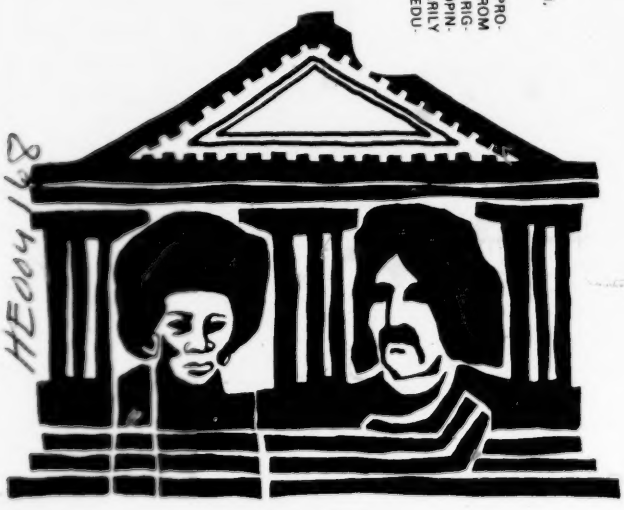
ED 077371

HE

FACTS ABOUT

college mental health

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.



HE004168

What are some of the common conditions that interfere with a student's effectiveness?

Students handicapped by emotional problems may work too hard, or they may be unable to work at all. They may be exceedingly tense and irritable, or they may be disinterested and apathetic. They may be very aggressive and make a nuisance of themselves to others, or they may be unduly shy and sensitive. They may act out their feelings by being argumentative, destructive, and completely lacking in concern for the rights of other people, or they may be so precise and careful that they appear to be model students. For some the indications of discontent may be various forms of dishonesty, difficulties in spoken or written communication, or undue concern for their own physical condition.

A student often has difficulty developing independence from his parents, and he may become involved in conflicts with them. Because of the many career opportunities open to him, he may suffer from the dilemma of choice. Value conflicts between the society from which he came and the college community may create problems of identity. He may become obsessed with the fear of failure. He may lose motivation, appear not to care what happens, and act on the principle, "If I can't make the effort, then I cannot be expected to pass the course." Pressures applied by his close associates may be unacceptable to him, yet he is unable to resist them. Anger that might well be expressed towards others he can only turn inward toward himself. "I can't make myself want to work" is a commonly heard expression.

The focus of a counselor's concern is not on the form of the symptom but on the meaning of the behavior exhibited by the student.

Why do college students go to psychiatrists?

Most of those who seek psychiatric help do so because they are anxious, depressed, concerned about difficulties with people who are close to them, or afraid that they will lose control of themselves. They may feel lost, cut off from others, and feel that something is seriously wrong with their thinking. Other symptoms may include inability to sleep, sleeping too much to escape from problems, or physical symptoms for which there is no organic explanation. Many have sexual problems. Some may be doing good work in spite of these symptoms, but others lose interest and motivation.

Sometimes students find themselves behaving in ways that do not make sense to themselves or their friends. They may be engaging in antisocial actions such as stealing, plagiarism, cheating, or impulsive behavior in which they "act out" their feelings. Others have disagreeable experiences from the nonmedicinal use of drugs. Such actions are usually destructive to the community as well as to themselves. Often these are not entirely deliberate actions by the individual, but are symptoms of emotional difficulties and expressions of his distress.

Why do college students seek help and where can they get it?

Most colleges have a considerable variety of persons who are concerned with how students relate to their tasks and to the special problems that occur in this acute stage of their development. These include their academic advisors, older students, dormitory counselors, ministers and priests, deans and their assistants, and vocational counselors. Counseling centers are usually staffed by psychologists. College health centers provide general medical counseling,

and many of them also have psychiatrists on their staffs.

Students tend to go to the people or agencies that have a good reputation; if a student thinks his problem is quite serious, he also tends to go to those with considerable professional training. A person cannot, however, always correctly estimate the seriousness of his own problems. So it is highly desirable that all counseling agencies know enough about one another's resources to permit referrals to the person or group best suited to handle the specific handicap under consideration. A college psychiatrist should be available to counselors who may be in a quandary as to what may be best for a particular client in a given situation, as well as to students who may desire consultation.

How common are severe mental illnesses (psychoses) among college students?

Presently available statistics indicate that from two to five students out of every thousand will develop psychoses while they are in college. Most people who have a psychotic reaction, especially if the onset is a stormy one, will recover with competent treatment. From the results of a study at Harvard University it was learned that of a group of 35 students who became psychotic, 21 were graduated within 5 years of their illness, six with their own class, and seven with honors.

How serious is the suicide problem among college students?

Although the rates of severe mental illness, suicide, and suicide attempts are probably not increasing, they appear to be because they are now more often correctly identified. Formerly, if a student became

mentally ill, he usually left school and was just considered a dropout. Many suicides were listed as "accidents." Now that more psychiatric help is available for these disturbed students, the statistics on their illnesses are more accurate. An informed estimate suggests that for every 10,000 students there will be five to 20 suicide attempts each year and one to three will be successful.

The most effective protection against suicide is a warm, trusting, personal relationship between the suicidal person and someone who cares deeply about him. All persons responsible in any way for the welfare of students should be on the alert to identify students contemplating suicide and know to whom they may go to consult about the situation. Most students with serious suicidal preoccupations can regain a more positive outlook if they can obtain appropriate supervision and help.

Why can't counselors, chaplains, medical doctors, academic advisors, or friends care for all of students' emotional problems?

The ability to help students with emotional quandaries depends not as much on which profession the counselor comes from as on his familiarity with the situations or backgrounds which predispose to conflict, as well as his ability to empathize with young people. Problems of vocational choice or reading disability may be handled more expeditiously by a psychologist than a psychiatrist. Similarly, a social worker may be more adept than a psychiatrist at untangling complex family or institutional situations. Problems involving the therapeutic use of drugs or possible hospitalization necessitate medical, usually psychiatric, consultation.

All students have emotional problems to some degree. Many of them are the kind that the individual himself can resolve; others can be more satisfactorily solved if the individual can talk things over with someone else. Frequently getting a point of view outside his own frame of reference is sufficient to resolve troublesome emotional dilemmas for a student, and here, friends, counselors, and others can be a great help. There are, however, many situations in which the problem is more complex than this.

Sometimes the elements behind emotional conflicts are obscure. There may be unconscious factors, or the individual may be so preoccupied with his problem that he cannot see some of the questions that are obvious to an objective observer. Finally, there are a great many emotional difficulties which are reflections of deep-seated problems, and these can be identified by a psychiatrist more accurately than by an untrained observer.

There are numerous situations in which it is not entirely clear whether the student's behavior is based on deep-seated psychopathology or whether it is a more superficial problem. It is advisable for all counselors to have a psychiatrist available for consultation when uncertainty arises; however, much can be done for students in conflict when many persons on the college staff are trained in the recognition and management of emotional problems. College psychiatrists can enlarge their own effectiveness greatly by participation in training programs for counselors, teachers, and student personnel staff.

Does counseling or psychotherapy make a student dependent?

No. Good counseling or treatment has as its goal helping the student to help himself by developing his own resources so that he can regain or maintain his independence. The therapist helps the student work out his solution in his own way. He very rarely gives direct advice, but rather listens, tries to understand what is going on, asks questions, and in every possible way helps the student to approach the solution for his problems in a sound fashion. He tries to develop objectivity, clear thinking, and the ability to recognize emotional conflicts and resolve them and to help the individual gain complete control of himself.

A free person is, in general, the one who is in best control of himself. Discipline should be mostly self-discipline, and the task of the college psychiatrist or other counselor is to help the individual become free by becoming his own master. In this frame of reference, the counseling professional is a tutor in the area of emotional maturation.

Purely directive counseling (telling the individual what to do) is inadvisable and may be destructive. But purely nondirective counseling (just listening, with no guidance) may be of no help at all. What is needed is for the counselor to understand what is going on, to lead the student towards sound and desirable solutions, and at the same time not deprive the student of credit for solving the problem or allow himself to become a scapegoat if he gives advice that turns out to be inappropriate.

Do college psychiatrists use psychoanalysis in their treatment?

Psychoanalysis is a longterm process involving many hours of treatment over a

period of months or years, and it is too expensive for a college health service to offer. Many psychoanalysts work in college health services, however, using psychoanalytically-oriented psychotherapy. Most college psychiatrists are familiar with psycholanalysis and are strongly influenced by ideas derived from its teachings.

How does a counselor or therapist help students who have problems about sex, career choices, religious beliefs, etc.?

First, he has to help the individual deal with his fear, anxiety, or other painful emotions, diverting his attention and effort toward dealing with basic causes rather than surface problems. Although counselors and therapists have definite ideas of their own about vital human problems, they practically never try to impose their views on their patients. Instead, they try to help the individual who has a conflict in one of these areas by helping him to understand as many of the involved issues as possible and pointing out other possibilities that may not have come to his attention. The main task in this kind of counseling is to help the individual understand what the questions are, what the consequences of possible solutions may be, and how he can develop the confidence that will enable him to try to solve his problems in a satisfactory manner.

Is violence an indication of mental illness?

It may be, particularly if the violence is caused by a single individual whose behavior has no apparent logical motivation. When violence occurs among large groups of people, as in riots and some demonstrations, the indications are far less clear. Many of the persons involved may be

emotionally disturbed, or fanatic in their beliefs and behavior, but would not be considered as "ill" in the psychiatric sense. The boundaries between social violence and the violence of mental illness are sometimes obscure. When a person who is involved in violent forms of protest seeks help, he should be treated like anyone else, without prejudice and with complete confidentiality, regardless of whether the therapist agrees or disagrees with his ideological views.

How does a student get psychiatric help if he thinks he needs it?

He can ask someone whom he trusts and who may know where help is available—his academic counselor, family physician, religious advisor, or someone in his college health service. Or he can inquire at such facilities as the community mental health center or the outpatient department of a local general hospital or clinic. Diagnostic and treatment facilities are very scarce in some parts of the country, especially away from the larger cities.

Do college psychiatrists conduct other activities besides treating patients?

Indeed they do. They are involved not only with individual patients but with the various conditions in the college or the community that tend to promote or to impair mental health. They are constantly concerned with student-faculty relations, with tensions arising between various ethnic or other social groups on the campus, with living conditions, and with any situations which tend to cause stress, unhappiness, or disrupted communications or relationships in the college community.

Many professionals at present think that emphasis should be deflected away from one-to-one psychotherapy and more effort

devoted to developing a "climate" on college campuses which fosters mental health. However, no matter how much of the college psychiatrist's effort is devoted to working with groups or consulting with those on opposing sides of an issue, individual psychotherapy is still necessary in many cases. Both forms of mental health activity are desirable.

How do colleges administer their mental health services, and what persons work in them?

The mental health service is ordinarily part of the total college health services which in larger colleges and universities are comprised of medical, surgical, psychiatric, dental, and environmental health and safety services. Psychiatric services cooperate closely with other college counseling services, but the usual rules of confidentiality apply and records are not made available from a counseling service to a psychiatric service, or vice versa, without the student's permission.

In a fully staffed college mental health service, the director is usually a psychiatrist but may be a psychologist or social worker. Counseling services are ordinarily run by psychologists, and social workers may belong to either mental health or counseling staffs. Psychiatrists often serve as consultants to counseling services. Counseling centers not connected with the health services are probably more numerous and usually considerably larger than psychiatric services. Since there is always more to do than the combined staff of both services can accomplish, close collaboration is mutually advantageous.

Students are usually seen without any charge beyond the regular health fee, at least for the first few interviews.

Most colleges have a limit on how much psychiatric service they can render. If a student needs extensive assistance he is usually referred to a private psychiatrist, if he can afford this and one is available, or to public clinics, if they are not overcrowded. Quite often neither of these possibilities is open, and the college psychiatrist and his staff must function as best they can with whatever help they can get, frequently from counseling services, academic advisors, and from the student's own family physician.

Do psychiatrists share specific information about patients with other people in the institution?

No. The time-honored principle of confidentiality states that a student's record, both his psychiatric and his general medical records, are not available to anyone other than his own physicians. It assures him that no one else will know what occurs between him and his physician, unless he gives written permission for certain information to be sent to another authorized person.

The principle of confidentiality regarding records of counseling services is very similar to that developed under medical auspices. These should be well-known to all students so that no one need be deprived of help because of fear that his private concerns may be made known to unauthorized persons.

The problem of confidentiality of psychiatric records is particularly acute because such records often contain very sensitive material that could be damaging to the student if disclosed. Some persons believe that psychiatrists report their findings to college administrative officials, but this is not true. College psychiatrists, counselors, deans, and other officials may discuss the

emotional problems of students in general terms. However, the material obtained by a college psychiatrist or other physician in confidence cannot be given to anyone else without the specific permission of the student concerned.

How many colleges have mental health services?

There are more than 2,400 colleges in the United States, and about 10 percent of them have mental health services which include psychiatrists. The great majority can obtain occasional consultation with psychiatrists and psychologists, but this is usually available only when a particular student becomes clearly disturbed. Practically all colleges, however, have some counseling services available—either through the dean's office, a separate counseling service, or the health service.

BIBLIOGRAPHY

Blaine, G.B., Jr., and C.C. McArthur. *Emotional Problems of the Student.* 2nd ed., New York: Appleton-Century-Crofts, 1971.

Erikson, E.H. *Childhood and Society.* 2nd ed., New York: W.W. Norton, 1963.

Erikson, E.H. *Identity, Youth and Crisis.* New York: W.W. Norton, 1968.

Farnsworth, D.L. *Mental Health in College and University.* Cambridge: Harvard University Press, 1957.

Farnsworth, D.L. *Psychiatry, Education, and the Young Adult.* Springfield, Illinois: Charles C. Thomas, publisher, 1966.

Farnsworth, D.L., and G.B. Blaine, Jr. *Counseling the College Student.* Boston: Little, Brown, 1970.

Perrin, L.A., Reik, L.E., and Dalrymple, W. *The College Dropout and the Utilization of Talent.* Princeton: University Press, 1966.

Smith, A.K., ed. *Stress and Campus Response.* San Francisco: Jossey-Bass, 1968.

Snyder, B.R. *The Hidden Curriculum.* New York: A.A. Knopf, 1971.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1972 O—470-548

NATIONAL CLEARINGHOUSE for
MENTAL HEALTH INFORMATION

a series of fact sheets on
mental health matters

DHEW Publication No. (HSM) 72-9154
Printed 1972

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Health Services and Mental Health Administration

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

For sale by the Superintendent of Documents,
U.S. Government Printing Office
Washington, D.C. 20402 - Price 15 cents; $10 per 100

Stock Number 1724-0257